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DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31484

State File No. _____

Registrar's No. 196

Registration District No. 27

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Colo
(b) City or town Jefferson City
(c) Name of hospital or institution 325 Ash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yrs. years, months or days

3. (a) PRINT FULL NAME Bat bara Dirckx

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color Wh 6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased March 7 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Shubuta Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

12. Name George Shubert

13. Birthplace Shubuta Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret W. Ford

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Freda Tanaka

(b) Address 325 Ash

17. (a) Burial (b) Date thereof Sept 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reinisch

18. (a) Signature of funeral director James Seawell

(b) Address 700 Jefferson

19. (a) 9-25-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Colo
(c) City or town Jefferson City
(If outside city or town, write "RURAL")
(d) Street No. 325 Ash
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1943 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-9-38 to 9-24-43
that I last saw her alive on 9-24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis 3 hrs.

Due to Myocarditis Chronic 3 yrs.

Due to Atherosclerosis 5 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. L. Gillham (M. D. or other) _____

Address Jefferson City, Mo. Date signed 9-25-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(Licensed Embalmer's Statement on Reverse Side)

Gillham

JUN 12 1924

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.